



Pelvic Floor Impact Questionnaire

Name _____

Date _____

Instructions: Some people find that bladder, bowel, or vaginal symptoms affect their activities, relationships, and feelings. For each question, check the response that best describes how much your activities, relationships, or feelings have been affected by your bladder, bowel, or vaginal symptoms or conditions **over the last 3 months**. Please make sure you mark an answer in **all 3 columns** for each question.

How do symptoms or conditions in the following usually affect your	<i>Bladder or urine</i>	<i>Bowel or rectum</i>	<i>Vagina or pelvis</i>
1. Ability to do household chores (cooking, laundry housecleaning)?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
2. Ability to do physical activities such as walking, swimming, or other exercise?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
3. Entertainment activities such as going to a movie or concert?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
4. Ability to travel by car or bus for a distance greater than 30 minutes away from home?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
5. Participating in social activities outside your home?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit



6. Emotional health (nervousness, depression, etc.)?

- Not at all Not at all Not at all
- Somewhat Somewhat Somewhat
- Moderately Moderately Moderately
- Quite a bit Quite a bit Quite a bit

7. Feeling frustrated?

- Not at all Not at all Not at all
- Somewhat Somewhat Somewhat
- Moderately Moderately Moderately
- Quite a bit Quite a bit Quite a bit

(For Physical Therapist):

Total x 100 x 100 x 100

Scoring the PFIQ-7: =

All of the items use the following response scale:

0, Not at all; 1, somewhat; 2, moderately; 3, quite a bit **PFIQ-7 Score Scales:**

Urinary Impact Questionnaire (UIQ-7): 7 items under column heading “Bladder or urine”

Colorectal-Anal Impact questionnaire (CRAIQ-7): 7 items under column heading “Bowel / rectum”

Pelvic Organ Prolapse Impact Questionnaire (POPIQ-7): Items under column “Pelvis / Vagina”

Scale Scores: Obtain the mean value for all of the answered items within the corresponding scale (possible value 0 – 3) and then multiply by (100/3) to obtain the scale score (range 0-100).

Missing items are dealt with by using the mean from answered items only. **PFIQ-7 Summary**

Score: Add the scores from the 3 scales together to obtain the summary score (range 0-300).



Bladder Symptoms

Do you lose urine when you:

Cough/sneeze/laugh Yes/No

On the way to the bathroom Yes/No

Hear running water Yes/No

Lift/exercise/jump/dance Yes/No

Have a strong urge to urinate Yes/No

Number of accidents per day _____

Do you use padding Yes/No If yes how many _____

Do you wake up at night to urinate Yes/No

Do you wet the bed Yes/No

Do you have burning/pain to urinate Yes/No

Do you have blood in your urine Yes/No

Do you drip after urination Yes/No

Do you have difficulty starting a stream of urine Yes/No

Do you strain to empty your bladder Yes/No

Do you have a "falling out" feeling Yes/No

Do you have pain with a full bladder Yes/No

Do you have a strong urges to urinate Yes/No

Do you urinate more than 7 times per day Yes/No



Bowel Symptoms

- Do you strain to have a bowel movement Yes/No
- Do you experience fecal incontinence Yes/No
- Do you use padding Yes/No
- Do you leak gas by accident Yes/No
- Do you take laxatives Yes/No
- Do you have painful bowel movements Yes/No
- Do you leak or stain feces Yes/No
- Do you have diarrhea often Yes/No
- Do you include fiber in your diet Yes/No
- Do you ever have blood in your stool Yes/No

How often do you have a bowel movement _____

Most common stool consistency (see list below) _____

- Type 1 Separate hard lumps **SEVERE CONSTIPATION**
- Type 2 Lumpy and sausage like **MILD CONSTIPATION**
- Type 3 A sausage shape with cracks in the surface **NORMAL**
- Type 4 Like a smooth, soft sausage or snake **NORMAL**
- Type 5 Soft blobs with clear-cut edges **LACKING FIBRE**
- Type 6 Mushy consistency with ragged edges **MILD DIARRHEA**
- Type 7 Liquid consistency with no solid pieces **SEVERE DIARRHEA**



Informed Consent for Assessment of Pelvic Floor Dysfunctions

I understand that if I undertake physical therapy for any pelvic floor dysfunction, it will be beneficial and necessary for my therapist to perform a muscle assessment of the pelvic floor, initially and periodically to assess muscle strength, length, range of motion and scar mobility. Palpation of these muscles is not direct and accessible if done via the vagina and/or anal/rectal canal. Pelvic floor dysfunctions include but are not limited to pelvic pain syndromes, urinary incontinence, fecal incontinence, dyspareunia or pain with intercourse, pain from an episiotomy or scarring, vulvodynia, vestibulitis, constipation, pain with urination or defecation, diffuse gluteal pain, organ prolapse, diffuse lower extremity pain or similar complications. Evaluation of my condition may include observation, direct muscle palpitation, soft tissue mobilization, use of vaginal weights, dilators, vaginal or rectal sensors for biofeedback and/or electrical stimulation.

Treatment for procedures for pelvic floor dysfunctions include but are not limited to, patient education, exercise, neuromuscular re-education using biofeedback, electrical stimulation, use of vaginal weights and several manual techniques including massage, myofascial release, strain counter strain, ischemic pressure, joint and soft tissue mobilization to the pelvic floor and adjacent joints. The therapist will explain all these treatment procedures to me, and I may choose not to participate with all or part of the treatment plan. Risks/side effects may include muscle or joint soreness, slight muscle pain, referred discomfort to adjacent body parts, muscle fatigue, temporary discomfort with defecation, walking or activities of daily living. I understand that no guarantees have been or can be provided to me regarding the success of therapy. I have read or had read to me the foregoing and any questions I have asked have been answered to my satisfaction. I understand the risks, benefits, and alternatives of the different treatment procedures.

I hereby voluntarily agree to allow my physical therapist to perform both initial and periodic assessment of the pelvic floor via the vagina or anal/rectal canal and to perform treatment techniques to the pelvic floor and perineal area. The benefits and risks of the vaginal/rectal assessment have been explained to me. I understand that if I am uncomfortable with the assessment or treatment AT ANY TIME, I will inform my therapist and the procedure will be discontinued and alternatives will be discussed with me.

Patient Signature _____

Date _____